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SUBJECT: LESOTHO: UPDATE ON FOOD SECURITY AND NUTRITION SITUATION AND
HUMANITARIAN RESPONSE

REF: A) MASERU 567; B) MASERU 403

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SUMMARY

¶1. This cable summarizes latest estimates of food insecurity in Lesotho, plans for scale-up of food distribution levels in the coming months, and increasing concerns about acute malnutrition in some areas, and Post's follow up of these concerns. Post recommends continued vigilance to the possibilities of rising acute malnutrition rates, better nutritional monitoring, and more effective targeting of food assistance to the most food insecure households.

BACKGROUND

¶2. FOOD SECURITY CRISIS: Reftels have described the dire food insecurity facing Lesotho this year as a result of widespread drought and crop failure and rising maize prices, exacerbated by underlying poverty and high HIV/AIDS prevalence. Following five consecutive years of below-normal harvests, this year's has been the worst in decades. The situation is exacerbated by a more than doubling of maize prices early this year, resulting both from South Africa's poor harvest, as well as rising global demand for maize.

CURRENT SITUATION

¶3. FOOD AID SCALE-UP: As the peak of the hunger season approaches, the humanitarian community is scaling up food security interventions. In particular, the World Food Program (WFP) plans to double its level of food distributions in October. Distribution levels for the Consortium for the Southern Africa Food Security Emergency (C-SAFE) will remain the same but will be focused on just two districts, with WFP expanding its area of responsibility to include some areas previously covered by C-SAFE. WFP will also alter its targeting strategy from focusing just on chronic illness and HIV/AIDS patients, to including other households identified by communities as being most food insecure.

¶4. NEW LVAC NUMBERS: The Lesotho Vulnerability Assessment Committee (LVAC), in a report drafted in July, increased their

estimated population of people with "missing food entitlements" from 400,000 to 553,000, and their estimated food access deficit from 19,300 MTs to 26,400 MTs. This is still far short of the Crop and Food Supply Assessment's (CFSAM) estimated food access gap of 36,700 MTs. (Note: Representatives for USAID, DFID and the EU at a recent Regional VAC meeting jointly implored the UN, government and other agencies participating in VACs and CFSAMs to work more closely together to develop better consensus estimates of food needs).

15. MALNUTRITION CONCERNS: Two medical NGOs -- Partners in Health (PIH) and Medecins sans Frontieres (MSF) have reported rising malnutrition cases in several rural health centers in the past couple months. Very little systematic, credible data is available, however, regarding the extent of acute malnutrition, and Lesotho does not have an established capacity for collecting such data. However, a consortium of humanitarian agencies is planning to carry out a baseline nutritional survey later in October.

16. VISITS TO BOBETE AND NOHANA: Following the reports of increased acute malnutrition in remote rural clinics supported by PIH, Charge, Emboff and USAID/Food for Peace Officer (FFPO) paid visits (by air) to two of these locations -- Bobete (Thaba Tseka district) and Nohana (Mohale's Hoek district). The latter

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visit included nutritionists from Action Contra el Hambre (ACH) and World Vision.

17. PIH'S ROLE: Since last year PIH has been providing valuable medical support to three remote mountain clinics that were previously very neglected and under-resourced, including full-time doctor coverage. Several months ago they also began providing household food rations to HIV/AIDs and tuberculosis patients, as well as other needy cases identified by their doctors. In the Bobete clinic, the food distributions were estimated to be meeting the needs of about 20% of the population in the Bobete catchment area.

18. VISIT FINDINGS: The visits revealed a food security

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situation similar to other drought-affected areas in the country. However, the remoteness of these locations makes the needs more difficult to assess and address. The communities reported that local household grain supplies were virtually depleted, and that food (particularly maize) was scarce in markets, and more expensive than in the past. The failure of the winter bean crops has also adversely affected the dietary quality of many households. The nutritional situation was not clear, however, as the nutritionists visiting Nohana revealed significant problems with the accuracy and interpretation of the data being collected. Recommendations were made to PIH on how to improve this data collection.

CONCLUSIONS AND RECOMMENDATIONS

19. NUTRITIONAL RISK: Although Lesotho has not had reports of rising acute malnutrition ("wasting") rates in past years, the risks of this are certainly higher this year due to: (1) the cumulative effects of six consecutive poor harvests; (2) the fact that this year's harvest has been the worst in many years; and (3) the big spike in maize prices (more than double last year's prices) that makes it difficult for vulnerable households to compensate for their harvest failure with market purchases.

110. NUTRITIONAL MONITORING: There are no clear data on what the levels of acute malnutrition are, as well as the causes. This impedes decision making on the scale and types of response needed. Nevertheless, given the widespread food insecurity this year in Lesotho, we need to keep a close eye on the nutritional situation. The planned nutritional survey, if carried out effectively and quickly, can be a helpful tool for assessing the

overall national situation, although other surveillance and outreach efforts are still needed to address the possibility of localized pockets of high acute malnutrition. Strengthening the nutritional monitoring capacity of clinics such as those supported by PIH is therefore also important.

¶11. TARGETING: Also, a key to preventing acute malnutrition will be effective targeting of the food aid resources available. The clinic-based distributions being carried out to date by WFP and PIH have not been closely-enough linked to measures of household food entitlement, as HIV-status is not necessarily highly correlated with food access. WFP's new targeting approach, focused on livelihoods, will hopefully be more effective at targeting the most food insecure households. C-SAFE will also expand its targeting by allowing some households that have no healthy adult member present to receive rations without carrying out "food-for-assets" activities, in order to ensure that the most vulnerable are reached.

ANDERSON